

MULTIPLE
FEE CALC
(FOR USE w/
ADENT CLAIM
ATION SHEET
FORM PTO-875)

SERIAL
09
APPLICA

763624
FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5	4				
6	6				
7	1				
8					
9					
10					
11					
12	10				
13	10				
14	10				
15	10				
16	10				
17	10				
18	1				
19	1				
20	2				
21	2				
22	1				
23	1				
24	10				
25	10				
26	10				
27	10				
28	1				
29					
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31					
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49					
50					
TOTAL IND.	5		5		
TOTAL DEP.	28	28	23	23	
TOTAL CLAIMS	33	28	28	23	

PTO-1350 (5-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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